

# **EXHIBIT C**

<input type="checkbox"/> CORRECTED (if checked)			
1 Rents \$	2 Royalties \$	3 Other income \$	
4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (575) 588-7252 LA CLINICA DEL PUEBLO DE RIO ARRIBA P.O. BOX 250 TIERRA AMARILLA NM 87575			
PAYER'S TIN 85-0209845	RECIPIENT'S TIN ***-**-	Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MARGO BRACE 6 EQUESTRIAN COURT TIJERAS NM 87059			
7 Nonemployee compensation \$ 24467.63	8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
10 Crop insurance proceeds \$	11	12	
13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$		
16 State tax withheld \$	17 State/Payer's state no. /	18 State income \$	
\$	/	\$	

2019 Form 1099-MISC

To be filed with recipient's federal income tax return, when required.

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Copy B For Recipient

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